

# BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | S. Z     |        | 05-24-01 |
| O.L.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          |          |        |          |
| RESPONSE FORMALITY REVIEW |          |        |          |

## INDEX OF CLAIMS

☒ Rejected  
☐ Allowed  
☐ (Through numeral)  
☒ Canceled  
☒ Restricted  
☐ H Non-elected  
☐ I Interference  
☐ A Appeal  
☐ O Objected

| Claim | Date | Claim | Date | Claim | Date |
|-------|------|-------|------|-------|------|
| 1     |      | 51    |      | 101   |      |
| 2     |      | 52    |      | 102   |      |
| 3     |      | 53    |      | 103   |      |
| 4     |      | 54    |      | 104   |      |
| 5     |      | 55    |      | 105   |      |
| 6     |      | 56    |      | 106   |      |
| 7     |      | 57    |      | 107   |      |
| 8     |      | 58    |      | 108   |      |
| 9     |      | 59    |      | 109   |      |
| 10    |      | 60    |      | 110   |      |
| 11    |      | 61    |      | 111   |      |
| 12    |      | 62    |      | 112   |      |
| 13    |      | 63    |      | 113   |      |
| 14    |      | 64    |      | 114   |      |
| 15    |      | 65    |      | 115   |      |
| 16    |      | 66    |      | 116   |      |
| 17    |      | 67    |      | 117   |      |
| 18    |      | 68    |      | 118   |      |
| 19    |      | 69    |      | 119   |      |
| 20    |      | 70    |      | 120   |      |
| 21    |      | 71    |      | 121   |      |
| 22    |      | 72    |      | 122   |      |
| 23    |      | 73    |      | 123   |      |
| 24    |      | 74    |      | 124   |      |
| 25    |      | 75    |      | 125   |      |
| 26    |      | 76    |      | 126   |      |
| 27    |      | 77    |      | 127   |      |
| 28    |      | 78    |      | 128   |      |
| 29    |      | 79    |      | 129   |      |
| 30    |      | 80    |      | 130   |      |
| 31    |      | 81    |      | 131   |      |
| 32    |      | 82    |      | 132   |      |
| 33    |      | 83    |      | 133   |      |
| 34    |      | 84    |      | 134   |      |
| 35    |      | 85    |      | 135   |      |
| 36    |      | 86    |      | 136   |      |
| 37    |      | 87    |      | 137   |      |
| 38    |      | 88    |      | 138   |      |
| 39    |      | 89    |      | 139   |      |
| 40    |      | 90    |      | 140   |      |
| 41    |      | 91    |      | 141   |      |
| 42    |      | 92    |      | 142   |      |
| 43    |      | 93    |      | 143   |      |
| 44    |      | 94    |      | 144   |      |
| 45    |      | 95    |      | 145   |      |
| 46    |      | 96    |      | 146   |      |
| 47    |      | 97    |      | 147   |      |
| 48    |      | 98    |      | 148   |      |
| 49    |      | 99    |      | 149   |      |
| 50    |      | 100   |      | 150   |      |

If more than 150 claims or 10 actions  
staple additional sheet here

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529  
57/40